

SURPLUS REQUEST FORM

Please print clearly.

Requesting Subdivision: _____

Address: _____ Billing Address: _____
(If different)

Contact Person: _____ Telephone No: _____

Signature: _____ Date: _____

Chief Procurement Officer: _____

Signature: _____ Date: _____

Federal ID Number (9 digits): _____

State Agency
Offering Surplus: _____

Address: _____

Contact Person: _____ Telephone No: _____

Description	Item Number	No. of Units	Purchase Price (per unit)	Total Price

Attach additional pages if necessary.

This Form May be Mailed or Faxed to:

Massachusetts State Surplus Property Office
One Ashburton Place, Room 1017
Boston, MA 02108
Telephone: 617-720-3146
Fax: 617-727-4527

(SSPO USE ONLY)

APPROVED ☐

NOT APPROVED ☐